

Name of Person Filing Document: \_\_\_\_\_  
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 Your Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without an Attorney) OR  
 Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

\_\_\_\_\_  
 Name of Petitioner/Plaintiff

Case Number: \_\_\_\_\_

### REQUEST AND ORDER FOR HEARING

\_\_\_\_\_  
 Name of Respondent/Defendant.

**NOTICE:** To ensure that the Consent Judgment is not entered, you must mail or hand-deliver a copy of this document to the Clerk of the Court, Collections Department, 201 West Jefferson, 1st Floor, Phoenix, Arizona 85003.

**Check at least one of the following:**

- ☐ I request a hearing on the denial of my supplemental application for waiver or further deferral.  
☐ I do not agree with the amount of unpaid fees and costs on the itemized statement provided by the court. I request a hearing on the calculation of the unpaid fees and/or costs.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print your name: \_\_\_\_\_

### THE COURT COMPLETES THE FOLLOWING SECTION

**IT IS ORDERED** scheduling a hearing on the above matter.

Hearing Date: \_\_\_\_\_ Hearing Time: \_\_\_\_\_

Hearing Location: \_\_\_\_\_

Hearing Officer: \_\_\_\_\_

Dated: \_\_\_\_\_

☐ Judicial Officer OR ☐ Special Commissioner

Mailed/hand-delivered to applicant on \_\_\_\_\_, by \_\_\_\_\_